

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 TELEPHONE: (860) 713-6145
 WebSite: www.ct.gov/dcp



Request for Revision for Joint Practice: This application must be completed if there are any changes from the last application which is on file with the Board office.

(Check all that apply)

- Architecture Professional Engineering
 Land Surveying Landscape Architecture

Please check applicable boxes:

- Name Change (Attach Connecticut's Certificate of Authority- should not be more than 3 months old)
 Change in Corporate Structure (Changing from one business entity to another, PC, INC, LLC)
 Deletions or Additions of CT Licensees responsible for signing and sealing
 Deletions or Additions of ownership changes
 Other

Name of Corporation		Former Name of Corporation and License Number		
Street Address		City	State	Zip Code
Telephone Number (w/area code)	E-Mail Address		FEIN Number	
Mailing Address (if different from above) Street Address		City	State	Zip Code
State of Incorporation	If a "Foreign" Corporation, do you have a Certificate of Authority from the Secretary of State of the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant or have any of the corporate directors or officers ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please attach a statement providing the date(s) of conviction(s), the court (s) where the cases were decided and a description of the circumstances relating to each conviction				
Indicate Organizational Structures: <input type="checkbox"/> Corporation (Inc) <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> Limited Liability Company (LLC)				

FOR CORPORATION, PROFESSIONAL CORPORATION OR LIMITED LIABILITY COMPANY

List below the names, residence addresses and titles of all directors and officers

Name	Address	Title	License Number (Specify State where licensed)
Name	Address	Title	License Number (Specify State where licensed)
Name	Address	Title	License Number (Specify State where licensed)
Name	Address	Title	License Number (Specify State where licensed)

HOLDERS OF VOTING STOCK/SHARES

Name	Address	No. of Voting Shares Held	License Number (Specify State where licensed)
Name	Address	No. of Voting Shares Held	License Number (Specify State where licensed)
Name	Address	No. of Voting Shares Held	License Number (Specify State where licensed)
Name	Address	No. of Voting Shares Held	License Number (Specify State where licensed)

TOTAL VOTING STOCKS/ SHARES ISSUED _____

LIST ALL PERSONNEL IN RESPONSIBLE CHARGE WHO ACT ON BEHALF OF THE CORPORATION AS A PROFESSIONAL ENGINEER, ARCHITECT OR LAND SURVEYOR WHO HOLD CONNECTICUT LICENSES.

DELETIONS

CT LICENSEES RESPONSIBLE FOR SIGNING AND SEALING THAT WERE PREVIOUSLY LISTED

Name	Residence Address	License Number (Specify State where licensed)
Name	Residence Address	License Number (Specify State where licensed)
Name	Residence Address	License Number (Specify State where licensed)
Name	Residence Address	License Number (Specify State where licensed)

ADDITIONS

LIST ALL PERSONNEL IN RESPONSIBLE CHARGE WHO ACT ON BEHALF OF THE CORPORATION AS A PROFESSIONAL ENGINEER OR LAND SURVEYOR WHO HOLD CONNECTICUT LICENSES. (**SIGNATURES REQUIRED IN THE APPROPRIATE SPACE**)

Name	Residence Address	License Number (Specify State where licensed)
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

Name	Residence Address	License Number (Specify State where licensed)
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

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Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths)

I, the applicant or duly authorized member of the partnership or association, or officer of the corporation on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested

Signature of Officer, Partner or Proprietor

Title

Date

Subscribed and sworn to before me:

Signature of Notary Public

Date

My Commission Expires

Instructions for Request for Revision of Certificate of Joint Corporate Practice

- 1) The application must be typewritten or printed in black ink and notarized
- 2) Persons licensed as architects, professional engineers, or land surveyors must own not less than two-thirds (2/3) of the voting stock of the corporation.
- 3) Persons licensed as architects must own not less than one-third (1/3) of the voting stock in any corporation formed for the joint practice of architecture and professional engineering services, professional engineering and land surveying services, or architecture and land surveying services.
- 4) Changing the name of the Corporation. Attach to this application a *Certificate of Authority of Good Standing or Legal Existence which is not more than three (3) months old.
Office of the Secretary of the State
Certification Unit
30 Trinity Street, PO Box 846
Hartford CT 06106
Telephone (860) 509-6002
WebSite: www.sots.state.ct.us
- 5) If changes in corporate structure or merger, please attach a letter giving a history of this change along with copies of supporting documentation.